

16569 U.S. PTO
021104

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>	Attorney Docket No.	588.1013
	First Inventor	WERNER et al.
	Title	SLIP CONTROL METHOD FOR A CLUTCH
	Express Mail Label No.	EV 382794546 US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 11]</i> <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets 1]</i> 5. Oath or Declaration <i>[Total Pages 2]</i> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Letter re: Priority

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application No: PCT / DE02/02913
 Prior application information: Examiner to be assigned Art Unit: TO BE ASSIGNED

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number :		23280		OR <input checked="" type="checkbox"/> Correspondence address below	
Name	Davidson, Davidson & Kappel, LLC				
	William C. Gehris				
Address	485 Seventh Avenue				
	14 th Floor				
City	New York	State	NY	Zip Code	10018
Country	USA	Telephone	(212) 736-1940	Fax	(212) 736-2427

Name (Print/Type)	William C. Gehris	Registration No. (Attorney/Agent)	38,156
Signature		Date	February 11, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

1920 U.S. PTO
10/776916

021104

16569
021104

PTO/SB/17 (10-03)

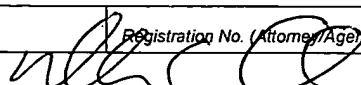
Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	To Be Assigned
Effective 10/01/2003. Patent fees are subject to annual revision.		Filing Date	Herewith
		First Named Inventor	WERNER et al.
		Examiner Name	To Be Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	To Be Assigned
		Attorney Docket No.	588.1013
TOTAL AMOUNT OF PAYMENT (\$)		770	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES <u>Large Entity</u> <u>Small Entity</u>																																											
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0552 Deposit Account Name: Davidson, Davidson & Kappel, LLC																																													
<input checked="" type="checkbox"/> The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 770)</td></tr></tbody></table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee	770	1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$ 770)		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																								
1001	770	2001	385	Utility filing fee	770																																								
1002	340	2002	170	Design filing fee																																									
1003	530	2003	265	Plant filing fee																																									
1004	770	2004	385	Reissue filing fee																																									
1005	160	2005	80	Provisional filing fee																																									
SUBTOTAL (1)					(\$ 770)																																								
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																													
Total Claims: 10 -20 ** = 0 X 18 = 0																																													
Independent Claims: 1 -3 ** = 0 X 86 = 0																																													
Multiple Dependent: = 0																																													
<table border="1"><thead><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 0)</td></tr></tbody></table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					(\$ 0)								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description																																									
1202	18	2202	9	Claims in excess of 20																																									
1201	86	2201	43	Independent claims in excess of 3																																									
1203	290	2203	145	Multiple dependent claim, if not paid																																									
1204	86	2204	43	** Reissue independent claims over original patent																																									
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$ 0)																																								
**or number previously paid, if greater; For Reissues, see above																																													
		Other fee (specify) _____																																											
		*Reduced by Basic Filing Fee Paid																																											
		SUBTOTAL (3) (\$ 0)																																											

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	William C. Gehris	Registration No. (Attorney/Agent)	38,156
Signature		Telephone	212-736-1940
		Date	February 11, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Certificate of Mailing By Express Mailing under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 in an envelope addressed to:

Mail Stop: PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450; Alexandria, VA 22313-1450

on February 11, 2004.
Date


Signature

Randolph McQueen

Typed or printed name of person signing Certificate

EV 382794546 US

("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing by Express Mail, or this certificate must identify each submitted paper.

Re.: Docket No.: 588.1013
Applicant(s): WERNER et al.
Serial No.: To be assigned
Invention: SLIP CONTROL METHOD FOR A CLUTCH
Filing Date: Herewith

- Utility Application Transmittal (1 page);
- Fee Transmittal (1 page);
- Copy of International Patent Application Serial No. PCT/DE02/02913 w/ Int. Search Rpt. (8 pages, some double sided);
- Specification with Claims and Abstract (11 pages);
- One (1) Sheet of Drawings;
- Unexecuted Declaration and PoA (2 pages);
- Application Data Sheet (2 pages);
- Letter re: Priority (1 pg) w/ Certified Copies of Priority Document DE 101 40 127.2;
- Information Disclosure Statement w/ PTO 1449 and Cited References;
- Return Receipt Postcard;
- Check for \$ 770.00;